

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-013841

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 381 Primary Registration District No. 4515 Registrar's No. 25

FILED MAR 26 1962

1. PLACE OF DEATH

a. COUNTY Sullivan

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN MilanLength of stay in lb
52 daysc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Sullivan Co. Memorial Hosp.Inside Limits
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Putnam

c. CITY OR TOWN Lucerne

Inside Limits
Yes ☐ No ☐d. STREET ADDRESS (If outside, give location)
No street addressReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First Grace

Middle Olive

Last Foster

4. DATE OF DEATH

Month March

Day 13

Year 1962

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐
Widowed ☐ Divorced ☒8. DATE OF BIRTH
2/8/19039. AGE (last birthday)
59IF UNDER 1 YEAR
Months DaysIF UNDER 24 HR
Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Telephone operator10b. KIND OF BUSINESS OR INDUSTRY
Communications11. BIRTHPLACE (City and state or country)
Lucerne, Missouri12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

Grant Williams

13b. MOTHER'S MAIDEN NAME

Mattie Mullenax

14. NAME OF HUSBAND OR WIFE

Divorced

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs. Ethel Putnam, Lucerne, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Pneumonia

INTERVAL BETWEEN ONSET AND DEATH

24 hr

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Diabetes mellitus

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

12/16

A. m. on the date stated above, and to the best of my knowledge, from the causes stated.

1/17/62 - 3/13/62

and last saw him alive on

3/12/62

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)
Burial23b. DATE
3/15/196223c. NAME OF CEMETERY OR CREMATORY
Lucerne Cemetery23d. LOCATION (City, town, or county)
Lucerne, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

E. E. Felt & Son, Inc., City, Mo.

3-19-62

Garnet B. Leeper, Deputy

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Earl R. Zent

Licensed Embalmer No. 4689

P. O. Address Green City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.